

MICHIGAN'S MISSION-BASED PERFORMANCE INDICATOR SYSTEM

VOL. 1
NO. 1

May
2003

ABSTRACT

Michigan's Mission-Based Performance Indicator System provides comparative reports on the performance of Prepaid Health Plans (PHPs) in serving and supporting persons with developmental disabilities in Michigan's Medicaid 1915 b/c Waiver. Each PHP is responsible for submitting quarterly data on performance measures to the state. Performance measures were developed collaboratively by PHP clinicians, state program and quality improvement staff, and representatives of advocacy organizations. Performance measure data are used by the state to identify problems and serve as the basis for quality improvement activities.

PRODUCT HIGHLIGHTS

- 31 Performance Indicators
- 8 Performance Indicators related specifically to persons with DD¹
- A few indicators have standards/benchmarks that PHPs are required to attain
- Based on aggregate data collected by PHPs on all PHPs service recipients
- No standardized instrument; data collection method at discretion of PHPs
- Submitted quarterly by PHPs
- Future contracts with PHPs will require standards for data quality
- Validity/quality check on data conducted by annual state review and independent evaluation by the Peer Review Organization
- Domains for Indicators related specifically to persons with DD
 - Access
 - ⊙ Timeliness in receiving assessment following request for service
 - ⊙ Timeliness in initiation of service
 - ⊙ Access to specialized mental health services for people with developmental disabilities who are nursing home residents
 - Outcomes
 - ⊙ Hours of employment for those receiving supported employment services
 - ⊙ Federal minimum wage or greater for those receiving supported employment services
 - ⊙ Job tenure for those receiving supported employment services
 - ⊙ Proportion of persons with day services who are receiving supported employment services
 - ⊙ Proportion living in their own home
 - ⊙ Proportion of people who are either competitively employed or in supported employment
 - ⊙ Adverse outcome: suicide rate
 - ⊙ Adverse outcome: sentinel event rate
 - Efficiency
 - ⊙ Percent of expenditures for people using
 - ⊙ 24-hour residential care
 - ⊙ Cost per case
 - Quality of Care
 - ⊙ Percent of children who receive more services than respite care



¹ The PHPs provide services to persons with mental illness and substance abuse, as well as persons with developmental disabilities. The Performance Indicators were developed to indicate the overall performance of the PHPs in serving all service recipients, not just persons with developmental disabilities.

■ Reports

- Reports compare PHPs' performance
- Quarterly /Semi-Annual reports disseminated to PHPs
- Quarterly reports to advocates, legislature, libraries
- Quarterly executive trend report to the public
- Semi-Annual supported employment reports to PHPs, supported employment programs
- Semi-Annual sentinel event report to PHPs and CMS
- Annual death report to legislature

■ Use of Data

- Data used by the State and PHPs as a tool for diagnosing quality problems and for quality improvement
- PHPs that are positive statistical outliers serve as examples of best practices
- PHPs that are negative statistical outliers reviewed by State for possible sanctions, plans of improvement, or contract termination
- PHPs that do not meet standards/benchmarks are subject to contract action

■ Lessons Learned

- Important to involve multiple stakeholders in development
- Limit the number of indicators initially
- Keep the indicators simple
- Minimize data collection burden
- Don't establish standards/benchmarks until you understand what the measures mean in the context of current performance
- Don't publish results until there is confidence in the data

PROGRAM CONTEXT

Program:

Home and Community Based Waiver for Persons with Developmental Disabilities (Habilitation/Supports HCBS Waiver) Administered and operated by the Michigan Department of Community Health under 1915 b/c Medicaid Waivers and state legislation authorizing the Michigan Community Mental Health Services Programs. Program serves adults and children with developmental disabilities.

Services Covered:

Traditional Medicaid HCBS waiver services and specialty mental health, developmental disabilities and substance abuse services funded on a capitated basis by pooled funding from the Medicaid state plan, HCBS waiver, SCHIP, state general revenues, and the Community Mental Health Block Grant.

Persons Enrolled:

8,344 adults with developmental disabilities

417 children with developmental disabilities



ADDITIONAL PROGRAM INFORMATION

- In 1998, Michigan began implementation of 1915 (b) and 1915 (c) waivers to provide specialty services to Medicaid eligible adults with developmental disabilities using a prepaid-capitation payment to Prepaid Health Plans (PHPs). The PHPs are county-based public agencies made up of the Community Mental Health Services Programs (CMHSPs) or an affiliation of PHPs.
 - The state contracts with the 19 PHPs for the provision of HCBS and 1915 (b) waiver services
 - The state contracts directly with its 48 CMHSPs (serving all 83 counties) for services not covered by Medicaid
- The 1915 (c) HCBS waiver provides traditional HCBS Services for adults with developmental disabilities.
- Services covered for adults with developmental disabilities under the 1915 (b) waiver include the Medicaid state plan service of targeted case management, personal care, clinic and rehab services.
- Acute and primary care is provided to Medicaid eligible persons with developmental disabilities through the state's Qualified Health Plans—Michigan's Medicaid managed care program.
- Other populations served by the CMHSPs through the prepaid specialty services contract with the Michigan Department of Community Health include:
 - Medicaid-eligible adults and children with developmental disabilities, persons with mental health and substance abuse needs, and
 - Persons with those needs who are not Medicaid-eligible but who meet the state's priority populations criteria under the Michigan Mental Health Code.
- Funding sources other than Medicaid include state general revenues, the Mental Health Block Grant from SAMHSA, and Title XX. Some program participants pay privately for services or have private insurance.
- Some PHPs provide mental health and developmental disabilities services directly, some contract out all services, and the remaining combine contracted services with those that they provide directly.
- For substance abuse services, the PHPs contract with regional Substance Abuse Agencies.
- Not included in the capitated payment contract are HCBS services to children with developmental disabilities funded through the 1915 (c) Children's Waiver; those services are provided on a fee for service basis through the PHPs.



QUALITY MANAGEMENT SYSTEM

In addition to the Mission-Based Performance Indicator System highlighted in this report, Michigan's HCBS waiver for persons with Developmental Disabilities includes several other mechanisms for achieving quality. At the front-end, the program requires that the PHPs be certified by the State, insuring that the PHPs and their subcontractors meet an established set of organizational standards. In addition, each PHP is reviewed prospectively for its capacity to provide appropriate and high quality care; such reviews focus on the adequacy of the provider network, staffing capacity, service delivery processes, the PHP's ability to manage risk, and whether the PHP has the required infrastructure and functions in place, e.g., quality improvement mechanisms, outcomes management, fiscal operations, provider network management.

Each PHP is required to have its own Quality Improvement (QI) program and the State negotiates individual performance objectives prospectively with each PHP. These performance objectives become part of the PHPs contracts. Also, as part of their QI program, the PHPs are required to conduct annual performance reviews of all providers in their networks. Reports of these reviews are available to individuals, families, advocates and the general public.

The State conducts annual reviews of the PHPs and a sample of the providers with whom they contract. The review consists of chart audits, a review of the PHPs policies and procedures, as well as interviews with a 10% sample of waiver participants.

In addition to interviewing 10% of waiver participants annually, program participants provide feedback via a mail survey that solicits information on access to services, satisfaction with services, appropriateness of services, and client outcomes related to everyday living. Also, Michigan conducts periodic in-person interviews with waiver participants, seeking information on recipient material well-being, health, productivity, intimacy, safety, community integration, emotional well-being, housing and employment.

Because the program operates under a 1915 (b) and (c) combination waiver, the federal government requires the program receive an independent evaluation for each waiver period. A local PRO conducts this evaluation, consisting of a medical record review with a major focus on the extent to which care is coordinated between primary health care providers and the PHPs and the extent to which planned services/supports are delivered. The independent evaluator also devotes time to verifying the performance indicators submitted by the PHPs to the State.

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